

NOTICE TO POTENTIAL BIDDERS
Requirement for MSD Certification

In conjunction with the Metropolitan Sewer District (MSD), the St. Louis District Corps of Engineers is conducting market research of MSD certified contractors. Work to be done will consist of rehabilitating MSD sewers by doing various repairs including void repairs, external chemical grouting, filling voids between liner and tunnel, abandonment of laterals, repair of lateral sewer connections, and sealing cracks by grout injection. Also included in the work will be reinforced concrete invert, reinforced shotcrete liners (10 inch and 2 inch), disposal and protection and restoration of site.

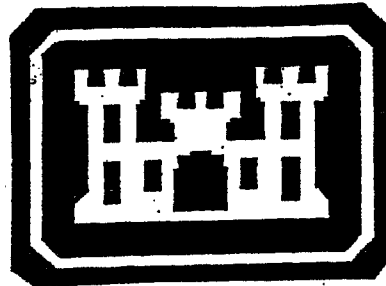
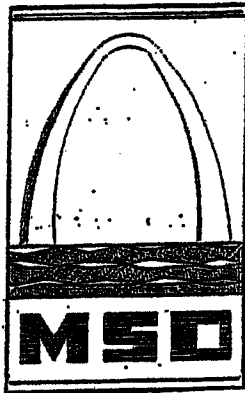
Potential projects are:

(a) Vandeventer to Grand Sewer Rehabilitation of approximately 3,200 lineal feet of pipe sewers, varying in size from 12' x 14' to 15' x 18' horseshoe sewers and appurtenances in an area located at Vandeventer Avenue and Duncan Avenue to north of Gratiot Street and Grand Avenue, in the City of St. Louis, Missouri.

(b) South Arsenal Rehabilitation of approximately 4,745 lineal feet of pipe sewers and appurtenances in an area located east of Compton Avenue and along Potomac Street, in the City of St. Louis, Missouri.

Both of these projects shall require contractors with MSD certifications. The MSD certification questionnaire is attached below. It must be completed and submitted to the St. Louis Metropolitan Sewer District for certification. Contractors interested in these MSD projects are advised to acquire MSD certification. Complete and submit to the Metropolitan St. Louis Sewer District, 2000 Hampton Avenue, St. Louis, MO 63139 for certification.

**METROPOLITAN ST. LOUIS SEWER DISTRICT
2000 HAMPTON AVENUE
ST. LOUIS, MO 63139**



**EXPERIENCE QUESTIONNAIRE
U.S. ARMY CORPS OF ENGINEERS
VANDAVENTER TO GRAND AVE. SEWER REHABILITATION PROJECT
SOUTH ARSENAL SEWER REHABILITATION PROJECT**

(USED IN PREQUALIFYING BIDDERS ON CONSTRUCTION WORK)

SUBMITTED BY (COMPANY)

ADDRESS

CITY, STATE, ZIP CODE

DATE

TELEPHONE

FAX

E-MAIL ADDRESS

RULES AND REGULATIONS FOR PRE-QUALIFICATION OF CONTRACTORS
ON WORK LET BY CONTRACT WITH THE METROPOLITAN ST. LOUIS
SEWER DISTRICT

1. An applicant for pre-qualification must furnish, under oath, detailed information with respect to its equipment, past record, personnel, and experience, together with such other information as is called for in this Experience Questionnaire.
2. A contractor must have secured a certificate of pre-qualification prior to submission of its bid.
3. Any combination of qualified or unqualified contractors bidding jointly becomes a new contracting firm and must be pre-qualified in accordance with these rules. All applications shall be in writing and signed by the principal parties in the joint venture.
4. An Experience Questionnaire on forms furnished by the Director of Engineering must be filed every twelve months in order to renew pre-qualification. This form must be completed in detail. The Executive Director may require any additional information he deems necessary for pre-qualification.
5. No bidder will be pre-qualified unless its Experience Questionnaire indicates that it has the experience, organization, and equipment, sufficient in the judgment of the District, that it can satisfactorily execute its contracts and meet its obligations therein incurred.
6. Out-of-State Corporations must furnish a certificate from the Secretary of State showing that it is authorized to transact business in the State of Missouri.
7. If any significant change occurs in the information included on the contractor's pre-qualification form, notice shall be given to the District immediately.
8. A copy of the applicable drain layers license from the City and/or County of St. Louis is required for Sewer Construction.

NOTE: It is quite important that the "work experience" section be completed and that it contains projects of the type for which application is being made. Pre-qualification will not be granted for types of work which have been subcontracted to others.

APPLICATION TO THE METROPOLITAN ST. LOUIS SEWER DISTRICT FOR

CERTIFICATE OF QUALIFICATION TO BID

The undersigned hereby applies to the Executive Director of the Metropolitan St. Louis Sewer District for a Certificate of Qualification to bid the following types of work: (Check each type of work for which qualification is requested)

_____ Sewer Construction (Drain layers License Required for City and County)

_____ Building Construction

_____ Excavating, Grading, Erosion Control, and Landscaping

_____ Pipe Rehabilitation

_____ **Cured-In-Place (CIPP)** pipe sizes of _____" to _____"
(Fill In Range of Pipe sizes you can install)

_____ Concrete Channels, Walls, and Structures

(Firm Name)

(Firm Address)

(Firm City, State, Zip Code)

By _____ Title _____

(Signature)

TYPE OF ORGANIZATION (Check Applicable Category)

- _____ Corporation
- _____ Partnership
- _____ Sole Proprietorship
- _____ Joint Venture

METROPOLITAN ST. LOUIS SEWER DISTRICT

STATEMENT OF QUALIFICATIONS FOR CURED-IN-PLACE PIPE

1. Manufacturer of **CIPP** product _____
2. Trade Name of **CIPP** product _____
3. List component materials of **CIPP** (i.e., non-woven polyester felt tube, and epoxy vinyl ester resin) _____
4. **CIPP project installed by Contractor**

Name of completed CIPP projects, demonstrating the successful installation of CIPP within the past three (3) years minimum. These CIPP projects completed must be for gravity wastewater pipes, eight inches in diameter or larger. The contractor must provide, below, the name and telephone number of person for whom each CIPP project as installed. (Attach additional sheets as required)

<u>Project Name</u>	<u>When Installed</u>	<u>Invert or pull-in</u>	<u>Total length CIPP installed</u>	<u>Pipe size(s) CIPP installed</u>	<u>Contact Name & Telephone #</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

5. List of ASTM Specifications for CIPP _____
(ASTM F-1216, ASTM F-1743, or other)

6. List of 3rd Party Testing Results on Previous Projects For:

- A. Flextural Strength _____
- B. Flextural Modulus _____
- C. Tensile Strength _____

7. **CIPP projects installed by Contractor's Superintendent**

- A. Name of Contractor's Superintendent _____

- B. List the CIPP projects below completed by the Contractor's Superintendent. These CIPP projects completed must be for gravity wastewater pipes, eight inches in diameter or larger. Include in the list below the name and telephone number for each of these CIPP projects completed by Contractor's Superintendent.

<u>Project Name</u>	<u>When Installed</u>	<u>Invert or Pull-In</u>	<u>Total Length CIPP Installed</u>	<u>Pipe Size(s) CIPP Installed</u>	<u>Contract Name & Telephone #</u>
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8. Authorized signature for Contractor (print name underneath signature) and date.

(Applicant's Signature)

(Date)

(Print Name)

**THE SIGNATORY OF THIS QUESTIONNAIRE GUARANTEES
THE TRUTH AND ACCURACY OF ALL STATEMENTS AND OF
ALL ANSWERS TO INTERROGATORIES HEREINAFTER MADE**

Please list any previous experience or projects your company has completed for the category you are requesting approval for, and any references you can provide.

Name of Contractor _____

Principal Address _____

- ☐ A corporation
☐ A general co-partnership
☐ A limited co-partnership
☐ An individual
☐ Joint Venture

Incorporated or organized:

Date _____ State _____

Radius of operations: _____

Type of work done: _____

Work usually sublet: _____

Name of Bonding Company _____

Total Bonding Capacity of Firm \$ _____

I. How many years have you operated under the above name:

(a) As general contractor _____

(b) As sub-contractor _____

II. If you succeeded some other organization, indicate:

Name of predecessor _____

Type of work done _____

Operated during period _____

Name of predecessor _____

Type of work done _____

Operated during period _____

III. List of all partners or officers: (Note: if partnership limited, explain and please list full 100% ownership)

Name and title _____

Address, City and State _____

Fractional interest in firm or number of shares owned _____

Name and title _____

Address, City and State _____

Fractional interest in firm or number of shares owned _____

Name and title _____

Address, City and State _____

Fractional interest in firm or number of shares owned _____

IV. What is the construction experience of the principal individuals of your organization? (This includes the job superintendent).

Individual's name _____

Present position or office _____

Years of construction experience _____

Magnitude and type of work _____

Capacity _____

Individual's name _____

Present position or office _____

Years of construction experience _____

Magnitude and type of work _____

Capacity _____

Individual's name _____

Present position or office _____

Years of construction experience _____

Magnitude and type of work _____

Capacity _____

V. What Sewer or Building projects have your organization recently completed?

Contract Amount _____ When Completed _____

Type of Project _____

Location of Project _____

Name, Address & Phone

Number of Owner _____

Contract Amount _____ When Completed _____

Type of Project _____

Location of Project _____

Name, Address & Phone

Number of Owner _____

Contract Amount _____ When Completed _____

Type of Project _____

Location of Project _____

Name, Address & Phone

Number of Owner _____

VI. What Sewer or Building projects have your organization now in process of construction?

Contract Amount _____ When to be Completed _____

Type of Project _____

Location of Project _____

Name, Address & Phone

Number of Owner _____

Contract Amount _____ When to be Completed _____

Type of Project _____

Location of Project _____

Name, Address & Phone

Number of Owner _____

NOTE: If more space is needed, attach additional sheets.

VII. Have you ever failed to complete any work awarded to you? (If so, explain)

EQUIPMENT

(What equipment do you own that is available for proposed work?)

[illegible]

*** Condition shall be graded as follows:**

New under 12 months

N-1

Over 12 months old

0-1 (Good)
0-2 (Average)
0-3 (Fair)
0-4 (Poor)

Rebuilt

R-1
R-2
R-3
R-4 (Poor)

AFFIDAVIT FOR INDIVIDUAL

State of _____)
County of _____) ss.

_____, being duly sworn, deposes and says that the answers to the foregoing interrogatories are true, and that any depository, vendor or other agency herein named is authorized to supply The Metropolitan St. Louis Sewer District with any information necessary to verify this statement.

(Applicant sign here)

Sworn to before me, this _____ day of _____, 20 ____.

Notary Public

(seal)

AFFIDAVIT FOR CO-PARTNERSHIP

State of _____)
County of _____) ss.

_____, being duly sworn, deposes and says
that they are a member of the firm of _____
that they are familiar with the books of said firm showing its financial condition; and
that the answers to the foregoing interrogatories are true, and that any depository,
vendor or other agency herein named is authorized to supply The Metropolitan
St. Louis Sewer District with any information necessary to verify this statement.

(Members of firm, sign above)

Sworn to before me, this _____ day of _____, 20__.

Notary Public

(seal)

AFFIDAVIT FOR CORPORATION

State of _____)
County of _____) ss.

_____, being duly sworn, deposes and says that
_he is _____ of the

the corporation described in and which executed the foregoing statement that
_he is familiar with the books of the said corporation, showing its financial
condition; and that the answers of the foregoing interrogatories are true, and that
any depository, vendor or other agency herein named is authorized to supply The
Metropolitan St. Louis Sewer District with any information necessary to verify this
statement.

Title

Title

Sworn to before me, this _____ day of _____, 20 ____.

Notary Public

(seal)